



**Miami-Dade County
Safe Neighborhood Parks Bond Program
Citizens' Oversight Committee**

Application for Membership



The Safe Neighborhood Parks Bond Ordinance (96-115) established the Safe Neighborhood Parks Citizens' Oversight Committee (SNPCOC) to oversee the administration of the Bond program. The SNPCOC is comprised of thirteen (13) volunteers, one residing in each County's Commission District, appointed by their respective Commissioner.

The SNPCOC is charged with:

- *Overseeing deposits and disbursements of Bond proceeds;*
- *Issuing solicitations for all grants; evaluating, disqualifying and ranking grant proposals; and recommending grant awards in accordance with the Ordinance;*
- *Identifying funds to reimburse the County for staff provided to the Committee;*
- *Developing rules consistent with the Ordinance for the conduct of its meetings and discharge of responsibilities, and performing such other functions set forth by the Ordinance.*

APPLICANT INFORMATION

NAME: _____
(Last) (First) (M.I.)

RESIDENCE: _____ **HOME PHONE:** _____

_____ **CELL PHONE:** _____

E-MAIL: _____ **COUNTY COMMISSION DISTRICT:** _____

EMPLOYER: _____

ADDRESS: _____ **PHONE:** _____

_____ **FAX:** _____

To meet the intent of the Safe Neighborhood Parks Bond Ordinance, the SNPCOC is comprised of members who are representative of the geographic, ethnic, racial and gender make-up of Miami-Dade County. Please check applicable demographic information:

GENDER:

<input type="checkbox"/>	MALE
<input type="checkbox"/>	FEMALE

RACE/ETHNICITY

<input type="checkbox"/>	WHITE/NON-HISPANIC	<input type="checkbox"/>	HISPANIC	
<input type="checkbox"/>	BLACK/NON-HISPANIC	<input type="checkbox"/>	OTHER, PLEASE SPECIFY	

Please describe membership(s) and volunteer activities, as well as affiliations with organizations/ boards/agencies, including offices held and years. (*attach additional sheet if needed*)

Please explain why you want to serve on the SNPCOC. (*attach additional sheet if needed*)

APPLICANT DECLARATION

I, _____ (*applicant's name*) am a permanent resident of Miami-Dade County. If appointed, I am willing and able to discharge the responsibilities and functions of a member of the Safe Neighborhood Parks Citizens' Oversight Committee. I declare that I reside within the Commission District for which I am applying and understand that service on the Safe Neighborhood Parks Citizens' Oversight Committee is voluntary and will require approximately four (4) hours of my time each month.

Signature

Date

You may mail, fax or e-mail your completed application to:
Office of Safe Neighborhood Parks
10710 SW 211 Street, Room 109 * Miami, FL 33189-2819
Phone: 305-971-5055 * Fax: 305-971-5060
E-mail: SNPTrust@miamidade.gov

Please address all questions to the Office of Safe Neighborhood Parks